

## Is there room in medicine for the family man?

What a pleasure it was to see attention being paid to important family- and career-satisfaction issues in our national medical journal.<sup>1</sup> It is disappointing but not surprising to see that satisfaction is lowest among residents. Although we have come a long way in supporting the learning environment for them, it is clear we have more to do.

I agree strongly with Susan Phillips that if we are to enhance parenting and career satisfaction we must equalize the psychological and time commitment to parenting between the sexes.<sup>2</sup> But what will it take to do this? She calls for action, not further study.

Although women have been shown repeatedly to take on the larger proportion of family responsibilities, we must stop making this a women's issue. Even though women are blocked from career satisfaction and advancement by assuming these responsibilities, men (knowingly or not) are being counter-blocked from playing larger family roles by societal structures and values.

We must make both boys and girls aware of the value of caring for the family. We must fundamentally change society so that boys are encouraged to do this, taught how to do it and valued for doing it. We must remove the subtle, demeaning language that creeps into conversations about men's roles in family life. Not only should it not be tolerated but also we must act to encourage boys and men to take on these roles. Why can't we move beyond federal legislation that permits parental leave for men to a point where salaries are topped up for men, supported by the employer? Without this, fathers will almost never make this choice because it places the whole family at a financial disadvantage.

We must make our work environments supportive of men who play these roles. Flexible work hours, interrupted career paths and recognition that family responsibilities must take

precedence at times should be fostered.

For academics, we have to dispel some myths and change some policies. For those who wish to have both a career and active involvement in family life, we have a lot of work to do to convince people that nontraditional career paths to success do exist. Just because you have not published extensively or received large national grants in the first 5 years does not mean you will never be successful. Although the literature does not support this thesis,<sup>3</sup> this work is retrospective and based on structures that support only one model of career development. Let's be more flexible and work together to make our profession a more satisfying place for those with families.

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### References

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2. Phillips SP. Parenting, puppies and practice: juggling and gender in medicine. *CMAJ* 2000; 162(5):663-4.
3. Bland C, Schmitz C. Characteristics of the successful researcher and implications for faculty development. *J Med Educ* 1986;61:22-31.

## Training aboriginal health care professionals in Manitoba

Malcolm King, chair of the Aboriginal Health Careers Program, says that the University of Alberta has graduated the highest number of aboriginal physicians in Canada.<sup>1</sup> This is incorrect.

The University of Manitoba has graduated 21 self-identified aboriginal physicians, and 20 of the 21 have graduated since 1987. Another 14 aboriginal students (First Nations [status and non-status], Métis and Inuit) are currently enrolled in our medical school, with 3 of them graduating this spring.

Our success is due in large part to the success of the Special Premedical Studies Program (SPSP) and its continuation, the Professional Health Program (PHP). Sixteen of the 21 Aboriginal physicians who have graduated in Manitoba participated in these programs.

SPSP was established in 1979 by the university and the provincial and federal governments. It is designed to help Aboriginal students meet the requirements for medical school admission and also includes preparation for other professional health careers such as dentistry and nursing.<sup>2</sup>

PHP is a natural extension of that program. In Manitoba, most of the professional health faculties are located on a downtown campus, kilometres away from the main campus. PHP helps to provide aboriginal health professionals with a less isolated environment and continues to provide support and resources in the academic, personal, financial and professional-development areas.

The faculties of medicine, dentistry and medical rehabilitation have long shown support for training aboriginal students. Medicine, dentistry, pharmacy, occupational therapy and dental hygiene all have a special category stream of admission, which includes aboriginal applicants. The physiotherapy program allocates up to 10% of its admission slots for SPSP students, and the medical school has supernumerary positions for these applicants.

The recruitment strategies of the Manitoba and Alberta program differ substantially. Manitoba creates a "pipeline" of potential aboriginal physicians by recruiting and supporting (mainly) Manitoba students interested in a career in health care early in their undergraduate studies and at the high school level. These potential professionals may not have had the resources or academic qualifications to achieve this goal prior to joining our program. Alberta recruits Canada-wide from a pool of aboriginal students who have already met the necessary requirements for applying to medical school.